

Foster Family Home - Corrective Action Report

Provider ID: 1-170092

Home Name: Bernadette Barbano, NA

1552 Kalaepaa Drive

Honolulu

HI 96819

Review ID: 1-170092-3

Reviewer: David Ayling

Begin Date: 12/17/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with all items due to CTA by 1/17/20.

Foster Family Home

Personnel and Staffing

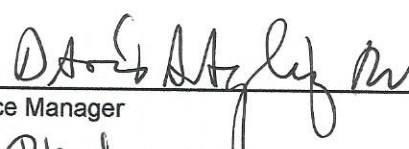
[11-800-41]

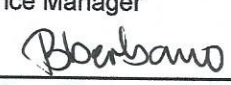
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7)(8) - No current TB clearance, CPR, First Aid, and Blood Borne Pathogen certification for CG #2. TB expired on 9/10/19, CPR and First Aid expired on 9/20/19, and Blood Borne Pathogen expired on 9/2/19.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: BERNADETTE S. BERBAND

CCFFH Address: 1552 KALAEPA'A DR. HON. HI. 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(3) 41(b)(8)	I received current TB clearance, CPR, First Aid, and Blood Borne Pathogen certification for CG #2. [REDACTED] [REDACTED] [REDACTED]	12/17/2019	I put expiration dates in for TB, clearance, CPR, First aid, and Blood borne pathogen and for all CG's on my cell phone calendar. I will check and mark when I hire new CG's. I will make sure they have current up to date paper-works and have it removed before expiration dates.

Primary Caregiver's Signature: Berband

Print Name: BERNADETTE S. BERBAND Date of Signature: 1/10/2020